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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	W6-18
	First Named Inventor	William H. Wall
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint-inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Stent Device for Performing Endovascular Repair of Aneurysms

☒ the specification of which (Title of the invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit, under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, filed before and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior art, under 35 U.S.C. 119(e) of any United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed in 8. When entering in more than one PCT number, an additional period

As a named member, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the "Trade and Treatment Office" connected therewith: ☐ Customer Number → Place Customer Number Bar Code

□ C

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Name	Registration Number	Name	Registration Number
Eric P. Schellin	18,449		

Additional registered trademark names on supplemental Registered Trademark information sheet RTC3843C attached hereto.

Direct all correspondence to ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

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Country: INDONESIA SECRET CONFIDENTIAL

I hereby declare that all statements made herein are true and that if I should make any statements and statements are believed to be true, and further that these statements were made with the knowledge that such statements are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may constitute the basis of an application for any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned invention.

Given Name (first and middle if available)	Family Name or Surname
William H.	Wall

Inspector's Signature	X. William A. Hall				Date	1/12/71
	GA	USA				USA

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☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.